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Day Habilitation: Service Definition and Standards

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The Bureau of Developmental Disabilities Services (BDDS) within the Division of Disability and Rehabilitative Services (DDRS) developed this document as guidance for providers of Day Habilitation Services. The purpose of this document is to clearly outline the service definition, requirements, and related responsibilities of Day Habilitation Services.



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SECTION I: SERVICE DEFINITION

Day habilitation, which includes community-based habilitation and facility-based habilitation, are services specified in the Person-Centered Individualized Support Plan (PCISP) and support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Day habilitation activities are intended to build relationships and natural supports. Services are provided in a variety of settings in the community or in a facility owned or operated by an FSSA/DDRS-approved provider. Settings are non-residential and separate from a participant's private residence or other residential living arrangement.

Services may be delivered individually or in a group setting.

Ratio Sizes:

- 1:1 Individual
- 2:1 to 4:1 Small Group
- 5:1 to 10:1 Medium Group
- 11:1 to 16:1 Large Group (applies only to a facility setting)

Day habilitation services reimbursement does not include reimbursement for the cost of the activities in which the participant is participating when they receive skills training, such as the cost to attend a community event or a camp.

II. PCISP REQUIREMENTS

The PCISP must outline the day habilitation services needed by the participant to pursue their desired outcomes as identified during the person-centered planning process. The need for service continuation is to be evaluated annually by the Individualized Support Team (IST) and reflected in the PCISP. As with any outcome within the PCISP, the Day Habilitation service has at least one associated proposed strategy/activity step designed to address potential barriers or maintenance needs in relation to the desired outcomes and the support and services needed to facilitate the outcomes. The proposed strategy/action steps also identifies all paid and unpaid responsible parties and includes the name(s) of each responsible party including the provider, the service, and the staffing positions within the agency that are responsible for the strategy/activity. The participant may be the responsible party for a strategy/action steps initiative if they so determine. In addition, each proposed strategy/action step has a specific time frame identified, including a minimum time frame for review. The Plan of Care/Cost Comparison Budget (POC/CCB) identifies the name of the waiver-funded service, the name of the participant-chosen provider of that service, the cost of the service per unit, the number of units of service, and the start and end dates for each Waiver service identified on the POC/CCB.

An allowable relative of the participant may be a direct support professional of day habilitation services. The relative must be employed by a BDDS approved waiver provider. The decision that a relative is the most appropriate option to provide supports must be part of the person-centered planning process and documented in the PCISP. When the direct support professional is a relative, an annual review by the IST is required to determine whether the participant's relative should continue to be the direct support professional of day habilitation services.

Services may be provided in a group setting. The decision that services should be provided in a group setting must be included as a part of the person-centered planning process and documented in the PCISP. The PCISP must also reflect the ratio appropriate for the individual during service delivery. Upon request, the provider must be able to verify in a concise format the ratio for each participant during the claimed time frame of service.

The following are limitations on group sizes* (participants: staff) for a Group:

- 1:1 Individual
- 2:1 to 4:1 Small Group
- 5:1 to 10:1 Medium Group
- 11:1 to 16:1 Large Group (applies only to a facility setting)

*Ratios for group sizes are determined by meeting the individual’s need with the smallest participant to staff ratio (see examples A and B)

*	Example A		Example B		
	John	3:1		Sarah	8:1
	Mary	7:1		Joshua	6:1
	Suzy	4:1		Amy	5:1
	Group Size allowable =	3:1		Chris	4:1
				Group Size allowable =	4:1

In Example A, John, Mary, and Suzy have different allowable group sizes. John’s ratio cannot exceed 3:1; therefore, the largest group size would be 3:1 even though Mary and Suzy could be in larger groups.

In Example B, Sarah, Joshua, Amy, and Chris have different allowable group sizes. Chris’ ratio cannot exceed 4:1; therefore, the largest group size would be 4:1 even though Sarah, Joshua, and Amy could be in larger groups.

III. REIMBURSABLE ACTIVITIES

Day habilitation encompasses a wide range of reimbursable activities. The activities in which the participant engages must be aligned with and connected to the day habilitation service outcomes identified in the participant's PCISP.

Reimbursable activities include:

- Person-centered monitoring, training, education, demonstration, or support to assist the participant with the acquisition and retention of skills in the following areas:
 - Leisure activities and community/public events (i.e. integrated camp settings);
 - Educational activities;
 - Hobbies;
 - Unpaid work experiences (i.e. volunteer opportunities); and
 - Maintaining contact with family and friends.

- Training and education in self direction designed to help participants achieve one or more of the following outcomes:
 - Develop self-advocacy skills;
 - Exercise civil rights;
 - Acquire skills that enable the ability to exercise self-control and responsibility over services and supports received or needed; and
 - Acquire skills that enable the participant to become more independent, integrated or productive in the community.

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to a participant habilitation outcome.
- Activities that do not foster the acquisition and retention of skills.
- Activities that would typically be a component of a person's residential life or services, such as: shopping, banking, household errands, appointments, etc.
- Services furnished to a minor by parent(s), step parents(s) or legal guardian.
- Services furnished to a participant by the participant's spouse.

DOCUMENTATION STANDARDS

In addition to compliance with documentation requirements outlined in *460 IAC 6*, the following data elements are required for each service rendered:

- Name of participant served
- IHCP Member ID (also known as RID) of the participant
- Name of provider
- Service rendered
- Time frame of service (include a.m. or p.m.)
- Date of service including the year
- Primary type of service: Community or Facility
- Notation of the primary location of service delivery
- Notation of the ratio for service delivery
- A brief activity summary of service rendered
- In addition to the brief activity summary of service rendered, provide a description by direct care staff of any issue or circumstance concerning the participant including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the participant
- Signature that includes at least the last name and first initial of the direct care staff person making the entry (Electronic signatures are permissible when in compliance with the *Uniform Electronic Transactions Act [IC 26-2-8].*)

A quarterly report specific to day habilitation services must be created by the chosen service provider. The quarterly report should summarize the level of support provided to the participant, based on the identified supports and services in the PCISP and the POC/CCB. The quarterly report must be shared with the individual, guardian (as applicable), and entire IST. The chosen service provider must upload the quarterly report to the document library of the participant in the State's case management system on or before the 15th day of the month following the end of the quarter. The quarterly report shall be based on the quarters of the individual's CCB date range.

The quarterly report shall contain the following elements:

- Name of participant served
- IHCP Member ID (also known as RID) of the participant
- Name of provider
- Date range of services
- Service rendered

- Primary type of service: Community or Facility
- Notation of the ratio for service delivery
- Percent of time in community
- Percent of time in a facility
- Brief summary of progress towards PCISP outcomes
- Challenges hindering progress towards PCISP outcomes, if applicable
- A positive event that occurred during the quarter that contributed to the individual's good life

Upon request, all data elements must be made available to auditors, quality monitors, Case Managers, and any other government entity. The documentation may reside in multiple locations, but must be clearly and easily linked to the participant or the standard will not be met.